

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------------|-----------------|
| FEE DETERMINATION | <i>dw</i> | <i>68904</i> | <i>10/27/00</i> |
| O.I.P.E. CLASSIFIER | | <i>48</i> | <i>11/14/00</i> |
| FORMALITY REVIEW | <i>JS</i> | <i>75353</i> | <i>01-4-01</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | |
| 3 | |
| 4 | ✓ |
| 5 | 0 |
| 6 | 0 |
| 7 | 0 |
| 8 | ✓ |
| 9 | |
| 10 | ✓ |
| 11 | ✓ |
| 12 | |
| 13 | |
| 14 | ✓ |
| 15 | 0 |
| 16 | ✓ |
| 17 | |
| 18 | |
| 19 | ✓ |
| 20 | |
| 21 | |
| 22 | ✓ |
| 23 | 0 |
| 24 | 0 |
| 25 | ✓ |
| 26 | |
| 27 | ✓ |
| 28 | 0 |
| 29 | ✓ |
| 30 | ✓ |
| 31 | 0 |
| 32 | 0 |
| 33 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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